



City of Rochester

30 Church Street, Room 103A, Rochester, NY 14614

SUMMER AQUATICS EMPLOYMENT APPLICATION

Return application to above address

ARE YOU CURRENTLY IN HIGH SCHOOL ☐ Yes ☐ No

IF YES, STOP. ALL High School Students MUST complete a Good Grades Pay Work Ethic Certification in addition to this application

Check All The Positions You Are Applying For: (*you must meet minimum requirements*)

☐ Lifeguard Captain

☐ Lifeguard Lieutenant

☐ Lifeguard

Name: _____ Telephone # _____
Last First M.I.

Address: _____
No. Street City State Zip

Mailing Address:
(If different than above): _____

Date of Birth: _____ Social Security #: _____

Work Permit? YES ☐ NO ☐ Required if under 18 years old.

Have you been convicted of a violation of law? YES ☐ NO ☐

If yes, attach sheet with violations and dates.

Do Not Include: Parking violations or traffic infractions, conviction records sealed by court, or records for a violation or crime for which you have received adjournment in contemplation of dismissal (ACD). Convictions will not necessarily disqualify you from employment.

Photo Copy (front & back) of ALL Certificates and Attach them to this Application

Do You Have:	1. Lifeguard Certification/Training?	NO <input type="checkbox"/>	YES <input type="checkbox"/>	Expires _____
	2. CPR/Professional Rescuer?	NO <input type="checkbox"/>	YES <input type="checkbox"/>	Expires _____
	3. First Aid/Standard?	NO <input type="checkbox"/>	YES <input type="checkbox"/>	Expires _____
	4. Responding to Emergencies?	NO <input type="checkbox"/>	YES <input type="checkbox"/>	Expires _____
	5. Water Safety Instructor?	NO <input type="checkbox"/>	YES <input type="checkbox"/>	Expires _____

Required Certifications **must** remain current and up-to-date for entire length of employment. If any of your certifications expire, you **MUST** take the proper instruction to keep it current. Failure to do so will result in **TERMINATION**.

CONTINUED ON OTHER SIDE

ALL APPLICANTS MUST COMPLETE THIS SIDE:

EDUCATION

Have you Graduated High School or Obtained a GED: YES ☐ -or if- NO ☐ Highest Grade _____

<u>Name</u>	(mo. & yr) <u>From/To</u>	<u>Major</u>	<u>Highest Grade/Degree</u>
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College _____

Graduate/Training _____

Are you related to a City of Rochester employee? YES ☐ NO ☐

If so, in what department does he/she work? _____

WORK EXPERIENCE

Have you ever worked for the City of Rochester? YES ☐ NO ☐ -if yes-When: _____

(mo/yr to mo/yr)

Work Location: _____ Supervisor: _____

Duties: _____

List any previous job experience:

1. Employer: _____ Title: _____

Address: _____ From: Mo/Yr _____ To: Mo/Yr _____ Hrs/Wk: _____

Duties: _____

Reason for Leaving: _____ Supervisor: _____ Telephone Number: _____

2. Employer: _____ Title: _____

Address: _____ From: Mo/Yr _____ To: Mo/Yr _____ Hrs/Wk: _____

Duties: _____

Reason for Leaving: _____ Supervisor: _____ Telephone Number: _____

I DECLARE THAT ALL STATEMENTS MADE ON THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT ANY FALSE STATEMENTS MADE ON THIS APPLICATION OR IN SUBSEQUENT INTERVIEWS WILL RESULT IN IMMEDIATE REJECTION OR DISCHARGE.

Signature: _____ Date: _____

DO NOT WRITE BELOW THIS LINE (FOR OFFICE USE ONLY)

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Approved for:

☐ Lifeguard Captain

☐ Lifeguard Lieutenant

☐ Lifeguard

Comments: _____

Initials and Date: _____



CITY OF ROCHESTER

WORK ETHIC CERTIFICATION

STUDENT: I am currently employed or am seeking year-round part-time employment with the City of Rochester. I have at least a "C" average, no long-term suspensions, and at least 90% attendance for this school year. I understand that to be hired and keep my job with the City of Rochester, I must maintain this record during my high school years.

Student Signature

Print Name

School

Date

The above-named student is either a current year-round City of Rochester employee or is seeking employment. He/she must meet "Good Grades Pay" criteria.

SCHOOL REPRESENTATIVE: I certify that this student has at least a "C" average, no long-term suspensions, and at least 90% attendance for the current school year.

School Representative Signature

Print Name

Title

Telephone Number

School

Date